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APR 11 2005

Express Mail No.: EV 456 920 371 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Parkin & Ziermann

Confirmation No.: 7661

Serial No.: 09/766,344

Art Unit: 1648

Filed: January 19, 2001

Examiner: Shanon Foley

For: MEANS AND METHODS FOR
MONITORING PROTEASE INHIBITOR
ANTIRETROVIRAL THERAPY AND
GUIDING THERAPEUTIC DECISIONS
IN THE TREATMENT OF HIV/AIDS

Attorney 011068-033-999
Docket No.: (Formerly 59597-D)

AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants have carefully considered the final Office Action mailed December 2, 2004, in connection with the above-captioned patent application. Applicants kindly request reconsideration of the claims in light of the amendments and remarks that follow.

This paper includes:

Amendment to the claims beginning on page 2; and

Remarks beginning on page 14.

Also enclosed herewith are

- 1) a **Notice of Appeal**; and
- 2) an **Amendment Fee Transmittal Sheet**.

03/08/2005 AWONDAF1 00000102 503013 09766344

01 FC:2201 300.00 DA
02 FC:2202 1350.00 DA



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For: MEANS AND METHODS FOR MONITORING PROTEASE INHIBITOR ANTIRETROVIRAL THERAPY AND GUIDING THERAPEUTIC DECISIONS IN THE TREATMENT OF HIV/AIDS Attorney Docket No: 011068-033-999 (formerly 59597-D)

FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$1650.00.

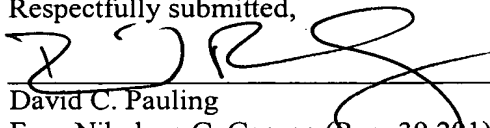
The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		<input checked="" type="checkbox"/> SMALL ENTITY		<input type="checkbox"/> OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	83	MINUS	29	54	x 25	\$ 1350.00		x 50	\$
INDEP.	10	MINUS	7	3	x 100	\$ 300.00		x 200	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$ 0.00			\$
TOTAL						\$ 1650.00	OR	TOTAL	\$

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: March 2, 2005

Respectfully submitted,


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(212) 326-3939

56,056
(Reg. No.)

Enclosure